

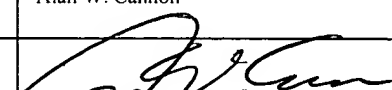


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Typed or Printed Name	Alan W. Cannon		
Signature		Date	11/6/03

RESPONSE TO RESTRICTION REQUIREMENT Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	ZURN-001
	Confirmation No.	5750
	First Named Inventor	Zurn, William Harrison
	Application Number	09/972,347
	Filing Date	October 9, 2001
	Group Art Unit	3671
	Examiner Name	Pechhold, Alexandra K.
	Title	Modular, Robotic Road Repair Machine (as amended)

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GROUP 3600

Sir:

This is responsive to the Office Action (Restriction Requirement) dated October 31, 2003 for which a one-month period for response was given making this response due on or before December 1, 2003 (November 30, 2003 being a Sunday). In view of the election made herein, reconsideration and allowance of claims 15-24 are respectfully requested.

The Restriction Requirement

In the Official Action dated October 31, 2003, the Examiner restricted the claims to the following two identified "inventions":

Group I: claims 15-24 drawn to a robotic repair machine and a system; and

Group II: claims 25-33 drawn to a method of efficiently repairing a road surface.

The Examiner required election of one of the above-listed inventions to be responsive to the Office Action.

Response

In response to the restriction requirement, Applicants elect Group I, claims 15-24 with traverse. Applicants respectfully submit that it would not be an undue burden upon the Office to examine all of the claims in the instant application together in this case, since the method claims are directed toward use of the robotic repair machine and system recited in claims 15-24.

Correspondence Address

Applicants respectfully request that the Office update the correspondence address in this case. A Power of Attorney was submitted along with the Amendment filed on August 12, 2003. The Power of Attorney directs that all correspondence should be mailed to the following address:

Alan W. Cannon
LAW OFFICE OF ALAN W. CANNON
834 South Wolfe Road
Sunnyvale, CA 94086

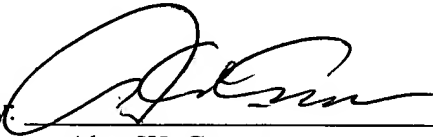
Conclusion

Applicants respectfully submit that a proper response has been made to the Restriction Requirement., and that all of the claims in this application are in condition for allowance, which action is requested. If the Examiner finds that a telephone conference would expedite the prosecution of this application, please telephone the undersigned at the number provided.

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extensions of time, or credit any overpayment to Deposit Account No. 50-2653, order number ZURN-001.

Respectfully submitted,
LAW OFFICE OF ALAN W. CANNON

Date: Nov. 6, 2003

By: 
Alan W. Cannon
Registration No. 34,977

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834 South Wolfe Road
Sunnyvale, CA 94086
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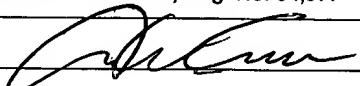
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	09/972,347			
		Filing Date	October 9, 2001			
		Confirmation Number	5750			
		First Named Inventor	Zurn, William Harrison			
		Group Art Unit	3671			
		Examiner Name	Pechhold, Alexandra K.			
Total Number of Pages in This Submission	3	Attorney Docket Number	ZURN-001			
ENCLOSURES (check all that apply)						
<table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form in Duplicate (2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement (Election) (2 pgs.) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 </td> <td style="vertical-align: top;"> <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Request for Approval of Proposed Drawing Amendment <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ </td> <td style="vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Postcard </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form in Duplicate (2 pgs.) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Response to Restriction Requirement (Election) (2 pgs.) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Request for Approval of Proposed Drawing Amendment <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Postcard
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<div style="text-align: right;"> RECEIVED NOV 13 2003 GROUP 3600 </div>						
Remarks						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual Name	ALAN W. CANNON, Reg. No. 34,977					
Signature						
Date	NOVEMBER 6, 2003					

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Typed or printed name	Alan W. Cannon		
Signature		Date	November 6, 2003

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